DOCUMENT RESUME

ED 467 186 PS 030 572

AUTHOR	Zepeda, Marlene; Morales, Alex
TITLE	Supporting Parents through Parent Education. Building Community Systems for Young Children.
INSTITUTION	California Univ., Los Angeles. Center for Healthier Children, Families and Communities.
SPONS AGENCY	David and Lucile Packard Foundation, Los Altos, CA.
PUB DATE	2001-06-00
NOTE	37p.
AVAILABLE FROM	UCLA Center for Healthier Children, Families and Communities, Box 951772, Los Angeles, CA 90095-1772 ($5). Tel: 310-206-1898; Fax: 310-206-3180. For full text: http://www.healthychild.ucla.edu.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	EDRS Price MF01/PC02 Plus Postage.
DESCRIPTORS	*Agency Cooperation; Child Development; *Cooperative Programs; Family Programs; Financial Support; Parent Child Relationship; *Parent Education; Parents; Program Effectiveness
IDENTIFIERS	California; *Family Support

ABSTRACT

California's Proposition 10, the "Children and Families Act," has targeted three general areas for improvement in support of families and young children: improved family functioning, improved child development, and improved child health. Proposition 10 views parents as critical to the development of young children. Noting that parent education services are particularly related to the Proposition's objectives, this report provides state and local Proposition 10 Commissions with a brief overview of the field of parent education, with a focus on approaches that support parents with children from birth to age 5. The report also addresses the challenge of expanding parent education and integrating it with existing support programs. The report's introduction distinguishes between parent support and parent education, defining the latter as provision of specific knowledge and child-rearing skills to parents and other caregivers with the objective of enhancing a child's development, whereas parent support tends to focus on enhancing social networks and access to resources. The report then reviews research on the effects of parent education. Existing parent education systems/programs are then evaluated, with the observation that programs tend to be fragmented, with different organizations offering different types of program and little to no coordination among providers. This section also highlights eight parenting programs in California as well as a parent curriculum. The report next examines integrating disparate education and support programs into systems, and discusses integrating and coordinating funding streams for cooperating programs. The report concludes with recommendations for enhancing provision of parent education. Three appendices include a list of related informational resources, a matrix of the "universe" of parent education, and a matrix of stand-alone parent education programs for parents of children from birth to age 5. (Contains 59 references.) (HTH)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 467 186

UCLA Center for Healthier Children, Families and Communities

Building Community Systems for Young Children

Building Community Systems for Young Children is a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act. Each installment is written by a team of experts and provides comprehensive and critical information on critical issues concerning young children and families in California.

June 2001

Supporting Parents Through Parent Education

By

Marlene Zepeda
Department of Child and Family Studies
California State University, Los Angeles

and

Alex Morales
Children's Bureau of Southern California

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Ericka Tullis

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

PS 030572

SUGGESTED CITATION:
Zepeda M and Morales A. *Supporting Parents Through Parent Education*, in N Halfon, E Shulman and M Hochstein, eds., Building Community Systems for Young Children, UCLA Center for Healthier Children, Families and Communities, 2001.

Copyright © 2001 UCLA Center for Healthier Children, Families and Communities.

Edited by Neal Halfon, MD, MPH; Ericka Shulman, MPP; and Miles Hochstein, PhD.

Building Community Systems for Young Children has been made possible through generous support from the David and Lucile Packard Foundation.

Permission to copy and disseminate this document is granted as long as proper credit is given to the UCLA Center for Healthier Children, Families and Communities.

Single copies of this report are available for $5 each by writing the UCLA Center for Healthier Children, Families and Communities, Box 951772, Los Angeles, CA 90095-1772. Phone (310) 206-1898. This document may be found on the web site of the UCLA Center for Healthier Children, Families and Communities (http://healthychild.ucla.edu).

Table of Contents

I. Introduction and Background 1

II. Research on the Effects of Parent Education 6

III. Evaluation of Existing Systems/Programs 9

IV. Integrating Parenting Education into Systems 15

V. Integrating and Coordinating Funding 20

VI. Recommendations 22

VII. References 23

VIII. Appendix A: List of Related Informational Resources 26

IX. Appendix B: The Universe of Parent Education 28

X. Appendix C: Matrix of Stand-Alone Parent Education Programs for Parents of Children Birth to Age 5 29

Supporting Parents Through Parent Education

I. Introduction and Background

Historically, would-be parents obtained the knowledge, skills, attitudes, and values that underlie success for parenting through informal family and community networks, affiliations and experiences. Given the changes in our society – with many individuals becoming parents at an older age, with more contact with extended families, with work and other time demands interfering with the time available to do the job of parenting – the acquisition and application of parenting know-how has also changed. In many communities, parents are on their own, learning by doing, making adjustments as they go, without the benefit of older, wiser, and more experienced caregivers in their midst. Added to these "external" forces in the preparation of future parents are the "internal" desires and aspirations of many parents to raise their children in a way that is different from how they were raised. Data from the Commonwealth Fund Survey of Parents with Young Children indicates that 49% of parents are considering child rearing strategies that differ that those they experienced.

This report provides the State and local Proposition 10 Commissions with a brief overview of the field of parent education, with a focus on approaches that support parents with children from birth to age 5. The report also addresses the challenge of expanding parent education and integrating it with existing support programs.

The State Commission has targeted three general areas for improvement:

1. Improved Family Functioning: Strong Families
2. Improved Child Development: Children Learning and Ready for School
3. Improved Child Health: Healthy Children

The California Children and Families Initiative views parents as critical to the development of young children. Parents are key to the provision of safe, nurturing and stimulating environments for children as they grow and mature (Collins et al., 2000). Although parent education services can assist with the enhancement of all three targeted areas for improvement, it is particularly related to areas 1 and 2. It is assumed that by strengthening parental knowledge, skills and capacity to nurture, better parent-child relations will result and lead to more positive child outcomes.

Parenting is one of the most important tasks of the family, and one of the most challenging roles in our society. Parents acquire the knowledge and skills to perform this important role through their ethnic and cultural heritage, their kinship network, their friendships, their community and the resources that are available to them. California' s rich cultural diversity and the complex social context in which families live pose additional challenges to parents and to those programs that aim to educate and support them (Chang & Pulido Tobiassen, 2000). Currently, the study of parenting is generating much interest in both the academic and service communities. This is evidenced by the publication of the four-volume *Handbook of Parenting* and the inception of the academic journal *Parenting: Science and Practice*, both edited by Marc Bornstein, who heads Child and Family Research at the National Institute of Child Health and Human Development. California' s Senator John Vasconcellos has pushed for legislation to

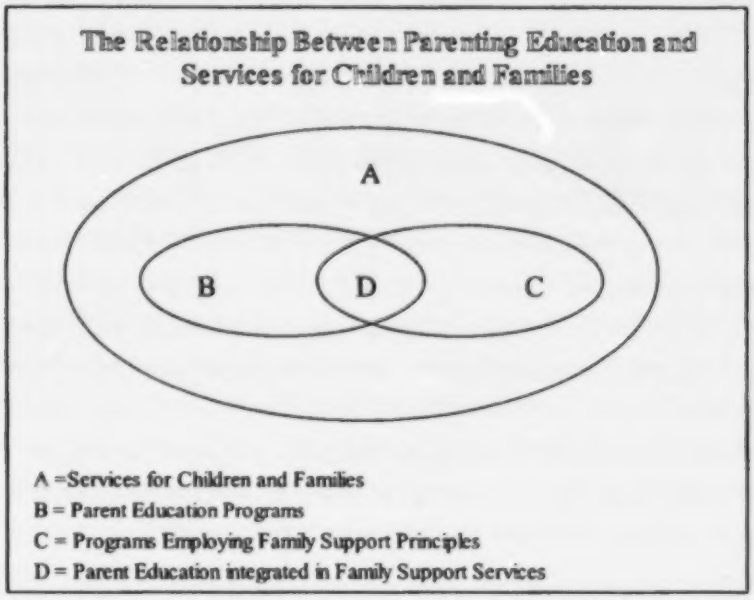
explore the viability of universal parent education as a means of improving the lives of parents and their children. Parents themselves have expressed a strong need to learn more about parenting. For example, the Zero to Three Organization' s (1997) survey found that parents often feel unprepared for parenthood and are hungry for information. This is reinforced by the Commonwealth Fund Survey (1996), which strongly suggests that parents desire more information about child rearing.

Although all parents need and want to be adequately prepared for their role, regardless of income level and specific challenges (Pew Trusts, 1996), there is a common misperception that parent education as a formal process (i.e. classes, books, etc.) is largely targeted at populations of greatest need. Policymakers and human service organizations tend to perceive parent education as a special need of particular at-risk populations. This perception is reinforced by public programs that target so-called disadvantaged families.

However, recent national surveys that span the economic spectrum suggest that *all* parents report a desire to learn more about parenthood, and that many moderate and high-income families avail themselves of parenting education information through formal classes, videos and other resources. Most parents report having participated in some kind of parenting education activity – either a childbirth class (71%) or a formal parenting class or discussion (35%). This data also indicates that parents from lower SES are least likely to report having an opportunity to participate in these kind of educational activities. A nationally representative sample of 2,000 parents with children under age three, 65% reported that they had not attended a parent education class or discussion about parenting (Commonwealth Fund, 1996). Thus, existing information suggests a universal demand for parenting and education but a large measure of unmet need (Young et al., 1998).

Parent education can be viewed as one method for assisting families within a larger system of family support services. Parent education is delivered in a variety of places and taught by a range of professionals and paraprofessionals with differing levels of preparation. This variety makes the field rather complex and difficult to evaluate (Cowan, Powell & Cowan, 1998; Pew Trusts, 1996; Weiss & Jacobs, 1988). However, understanding how parent education fits into a broader spectrum of family support services is an important step in creating more comprehensive and integrated service delivery continuums.

The following diagram, adapted from the Pew Trusts report on parent education, serves to illustrate how parent education is often nested within a broader set of social services including parental support programs. The Universe of Parent Education table in Appendix A, also adapted from the Pew Trusts report, provides an overview of the different venues in which parent education services and initiatives can be mounted and located. Judging from this table, parent education is an essential component that cuts across a number of family intervention efforts, including direct services, public education campaigns, employee benefits, research and evaluation endeavors and advocacy. However, while there may be examples of collaboration, coordination and common purpose across venues, it is more likely that various programs function in relative isolation from each other.


The Relationship Between Parenting Education and Services for Children and Families
A
B
D
C
A =Services for Children and Families
B = Parent Education Programs
C = Programs Employing Family Support Principles
D = Parent Education integrated in Family Support Services

Defining Parent Education and Parent Support

It is important to distinguish between parent education and parent support. Both parent education and parent support approaches provide opportunities for parents to enhance their competency and confidence. However, this paper focuses exclusively on the role of parent education as a distinct set of services and how it might be integrated in the broader array of services provided to young children and their families. Parent education is sometimes called *parent training* (Gorman & Balter, 1997). In this paper, we use the term parent education throughout; however, the definition of *parent education* and *parenting training* are roughly similar.

Parent education is the provision of specific knowledge and child-rearing skills to parents and other caregivers (Mahoney et al., 1999) with the objective of enhancing a child's development (Brown, 1999). For example, parent education efforts can focus on specific child-rearing skills to enhance parent-child interaction, such as appropriate and recommended discipline practices, or on more general subjects, such as understanding child growth and development at a particular stage of a child's development. Thus, the goals and objectives of parent education may encompass a variety of parent and child outcomes.

The goal of parent support is to help parents develop and utilize available psychological and material resources to help their families and themselves. Parent support approaches often focus on the social context of parenthood, and on techniques to enhance a family's social network, social support and community linkages as buffers against stress and isolation (Powell, 1988a; Weissbourd, 1994). Parent education differs from parent support in that its primary purpose is *instruction* (Fine, 1980). Parent

education can be viewed as a subset of parental support in that it is often used as a component of comprehensive, family-focused parental support programs.

Many experts agree that in order for parents to be effective caregivers for their children, they should possess certain knowledge, skills, attitudes and interpersonal abilities that promote parental effectiveness. There is a strong consensus that parent-child interaction is enhanced when parents display qualities of sensitivity, responsiveness, reciprocity and support (Barnard & Martell, 1995; Thomas, 1996). These basic parental behaviors are believed to be universally applicable and cut across ethnic and economic classes. However, it must be recognized that how parents of diverse backgrounds learn and practice parenting is highly individualized and associated with social-cultural and economic factors (Garcia Coll, Meyer, & Brillon, 1995).

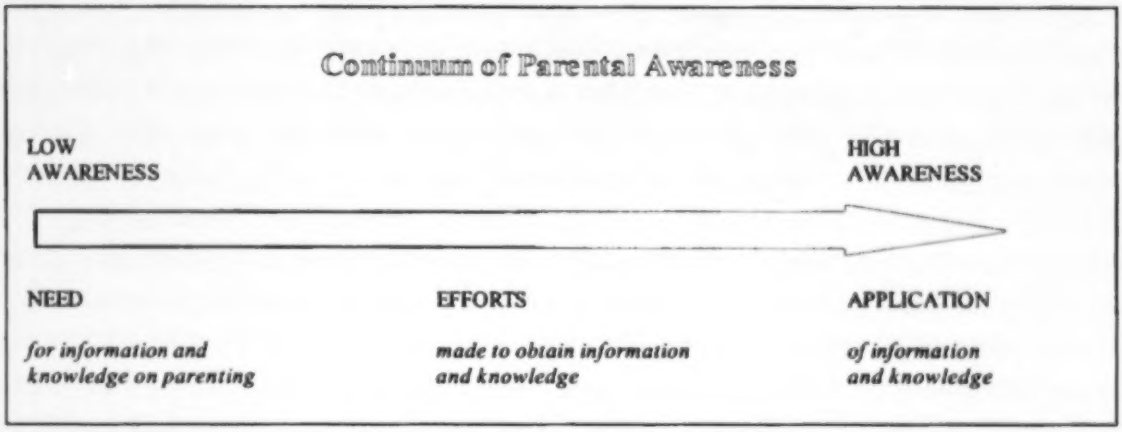
Responsive caregiving is important for a variety of child outcomes, including the development of healthy brain functioning in infancy (Shonkoff & Phillips, 2000). Because the developing child's brain physiology is greatly influenced by the quality of the external stimulation received, the ability of parents to provide stimulation through social interaction is central to healthy development (Shore, 1997). Parent education has the potential to better prepare all parents for one of their most important tasks — the ability to provide a warm and nurturing environment for their child during the early years. The following table highlights overarching parental capabilities associated with the development of children from birth to age 5.

Child's Developmental Task*	Parent's Skill or Ability
Attachment to caregiver	Warm, sensitive and responsive caregiving
Language development	Use of language to communicate, respond to, and elaborate on child's vocalizations
Differentiation of self from the environment	Supporting the child's natural instinct to explore the environment in a developmentally appropriate manner
Self-control and compliance	Assisting the child with emotional regulation, setting appropriate limits, understanding age-appropriate behavior.

* Taken from: Masten, A. S., & Coatsworth, J. D. (1998).

BEST COPY AVAILABLE

Formal parenting education programs presented in this paper are conceptualized as classes or facilitated groups that seek to share important information and experience to enhance the quality of parenting. Motivation for parent education can be conceived along a continuum that begins with an awareness of a need for additional information, followed by efforts to obtain information and transform it into personal knowledge and, finally, utilization of information and knowledge to bring about behavioral change in the parent.



Along each phase of the continuum there may be a range of barriers to "education" about parenting. For most new parents, parenting is a natural outgrowth of their own individual family histories. Thus, more formal education about something that is assumed to come naturally may not be viewed as necessary. Even if a parent or future parent realizes the need to address an information gap, efforts to obtain information may be thwarted by time constraints, unavailability or inaccessibility of relevant programs, or lack of financial and material resources (i.e., cost of some programs, transportation). Finally, if a parent does identify the need for more information and can obtain the relevant services, there still remains the question of whether education will lead to behavioral change. The relationship of education to behavioral change in parenting practice is still an open question (Chilman, 1973; Hoff-Ginsberg & Tardif, 1995). The assumption that parental attitude change leads to modified parental behavior which subsequently affects child outcome has not been well established by research (Howrigan, 1988).

Although a consensus exists about the significant role that parents play in a child' s development, there exists neither a singular "one size fits all" approach to parent education that has been promulgated statewide, nor any major local initiatives. To the extent that parent education occurs in California, it is characterized by ad hoc and idiosyncratic programming across a variety of service delivery platforms such as adult education, preschool programs, child care centers, Head Start and Early Head Start programs, elementary and middle schools, family resource centers, hospitals, parks and recreation programs, and community colleges. Although all parents could potentially benefit from formal parent education classes at different times in their children' s lives, most categorically funded parent education services tend to be reserved for at-risk or high-risk families. Many promising demonstration programs that utilize parent education classes don' t survive past their initial funding (Cowan, Powell, & Cowan, 1998). There also exist a number of commercially available and widely used parent education programs

BEST COPY AVAILABLE

such as STEP (Systematic Training for Educating Parents) and ACTIVE Parenting. Both STEP and ACTIVE Parenting promote democratic family interactions that encourage responsibility and self-esteem in children. Both programs offer advice on positive child guidance and have videotapes that assist in the delivery of information. The material is normally delivered in five to six sessions.

The following section reviews the available research evidence about parent education.

II. Research on the Effects of Parent Education

There is a vast array of parent education programs in the U.S. These vary in goals and objectives, target populations (e.g., teens, single parents, high-risk parents), settings (e.g., homes, schools, churches, mental health clinics), formats (e.g., individual sessions, family sessions, group meetings) and duration (Cowan, Powell & Cowan, 1998). There is a more modest number of parent education curriculums that are specifically designed for parents of children from birth to age 5. The matrix in Appendix B lists parent education programs that have been developed over the years to address the parenting needs of families with young children. For the purposes of this paper, the focus is on stand-alone programs and does not include parenting approaches embedded in broader intervention initiatives. While some of these curricula have been included in more comprehensive family-focused interventions, they were generally developed as stand-alone interventions to assist parents with particular parenting issues.

Parent education curricula typically have a narrow focus, target a specific population, are of relatively short duration and center almost exclusively on change in parental beliefs, attitudes and/or behaviors. Although a parent education approach may have a standardized curriculum, its implementation will vary by the expertise of the instructor, program intensity and duration and the participants' predisposition to change (Dembo, Sweitzer & Lauritzen, 1985). These factors complicate systematic evaluation efforts and make evidence about effectiveness difficult to interpret. Conclusive findings regarding the effects of short-term parent education programs have yielded mixed results (Cowan, Powell & Cowan, 1998; Todres & Bunston, 1993).

There is a "selection bias" favoring parents who are amenable to change.

Powell (1988b) points out that the evaluation of parent education suffers from sampling and selection bias. To assess whether a broad cross-section of parents would benefit from parent education programs is difficult since most evaluations focus on voluntary programs. Parents who are resistant or whose needs are not being met by the program are likely to drop out or demonstrate low attendance. A number of parent support initiatives (Powell, 1988b) and parent education approaches (Alvy, 1994) have noted difficulty in maintaining participants. Parent trainers have observed that participating parents are already predisposed to change and are likely to demonstrate more positive results. A central issue for parent education is whether programs are reaching those parents who may need it the most.

Parent education programs have short-term positive effects for parents. Families in the greatest need may derive the greatest benefit.

In a meta-analysis of 24 studies examining the effectiveness of parent education, Medway (1989) found that "both parents and children evidenced gains in a positive direction that were approximately 62% greater than control populations" (p. 251). Although a few studies demonstrate sustained positive results, the majority have not measured results over time (Medway, 1989). While not specific to parent education, there appears to be a consensus that early childhood interventions may be more effective when the participants are considered at-risk or high-risk (Olds et al., 1986; Ramey & Ramey, 1998), but less effective for middle-class participants (Owen & Mulvihill, 1994). This distinction may be due to the differential rates of measurable change in parent and child outcome between low-income and middle-income families. For example, the Infant Health and Development Program (1990) examined the relationship between rates of parent participation in an early intervention program and child outcome and found little effect for children whose cognitive scores averaged 100 or better.

Parents receiving more of an intervention demonstrate greater benefit.

Research utilizing a variety of intervention strategies in which parent education is embedded in a broader set of services suggests that when interventions are more intensive, that is, lasting longer and involving more exposure to the program, outcomes are enhanced over the longer term. For example, the Brookline Early Education Project (Hauser-Cram et al., 1991) and the Infant Health and Development Program (1990) both showed that the intensity of an intervention is important. The Brookline Project found that when high and low levels of program intensity were compared, only the most intensive intervention produced positive cognitive and social outcomes for at-risk children. Similarly, the Infant Health and Development Program linked the amount of program intensity, as measured by rates of participation, to how well children did on an IQ test. In follow-up work (Blair, Ramey & Hardin, 1995), maintenance of child outcome continued to be related to differences in participation rates. But in both of these cases, parent education was part of a more comprehensive multi-faceted intervention trajectory for both parents and children.

The relationship between trainer expertise and program outcome has not been well established.

Both professionals and paraprofessionals can staff parent education programs. One important reason for the increasing use of paraprofessionals is the desire to strengthen the program' s capacity to engage and be responsive to ethnically diverse populations. However, parent educators come from a variety of disciplines and possess different levels of training in basic child growth and development, adult education and group dynamics. There is no official accredited certification process for parent educators, although the University of North Texas is attempting to establish a core list of competencies for parent educators. There have been attempts at certification by such non-profit agencies as the Center for the Improvement of Child Caring and there is a growing interest in establishing guidelines for court-ordered parent education interventions for divorcing parents (Blaisure & Geasler, 1996). Establishing such certification guidelines creates a standard for comparison and evaluation purposes, and a guide for training and professional development.

Research on the relationship between expertise of the parent educator and program outcome is also sparse (Dembo, Sweitzer & Lauritzen, 1985). One older study investigated the effects of the expertise of the parent trainer and found no difference between Ph.D. trained versus master' s-trained individuals (Rinn, Vernon, & Wise, 1975). More recent studies focusing on such child behavior as attention deficit disorder and conduct-disordered behavior in young children do not relate the characteristics of the parent educator to the results produced (Pisterman et al., 1992; Tolan & Mc Kay, 1996; Webster-Stratton, 1994, 1998). However, in more intensive and comprehensive family-focused interventions such as home visitation, it appears that professionals produce better outcomes than paraprofessionals (Olds & Kitzman, 1993).

Parent education tends to be customized to address specific program goals and populations, thus making generalizations across varying programs problematic.

Although there is some common ground about the importance of parent education, there is understandably no one standard mode of delivery. Parent education curricula vary in their specific goals and objectives, thus limiting the comparison of results across different programs (Alvy, 1994). Some programs may be more child-focused, while others are more parent-focused (Cowan, Powell, & Cowan, 1998); some may use behaviorally oriented information, and others use an open discussion format. These variations make it difficult to draw meaningful conclusions about what type of parent education program is most effective and with what population. It is unfortunate that tailoring parent education programs to meet the particular needs of particular parents has limited the ability to reasonably measure program efficacy (Powell, 1988b).

Parent education is often included in broad-based intervention approaches; therefore, it is difficult to isolate its primary effect.

There are a number of examples of parent education efforts embedded in comprehensive programs to assist parents and children (e.g., the Parent as Teachers Program, North Carolina' s Smart Start Programs, Avance' s Parent-Child Program, Minnesota' s Universal Access Early Childhood and Family Education Program). When parent education is part of a larger package of services to families, it is difficult to know the direct and indirect contribution of parent education to a desired outcome. In an evaluation of six family support programs that included a parent education component, Comer and Fraser (1998) found that the overall effect of program components is cumulative. Although the processes by which positive change takes place are not clear , "data indicate that family-support programs may alter the knowledge and skills that parents bring to bear in solving child management and other family problems" (p. 143). Evaluation research also suggests that more comprehensive family support programs may yield more sustainable outcomes (Pew Trusts, 1996).

Implications of Research on Parent Education

As our understanding of parent-child relations and the process of parenting expands, the expectation of parent education as a stand-alone quick fix to relationship issues is not realistic. The challenges of parenting change over time, and are influenced by a host of internal and external exigencies. Theoretical constructs of parenting suggest that the parenting process is multi-determined (Belsky, 1984) and rooted in a biopsychosocial model of human development (Cowan, Powell, & Cowan, 1998; Ramey &

Ramey, 1998). Intervention efforts that neglect to take into account such factors as biological risk, parent and child personality factors, cultural issues, educational levels and situational and contextual circumstances are not likely to have much impact over time.

Although parent education classes are not a panacea, there is a valuable role for parenting classes at particular points in a family's development (e.g., caring for the newborn, toddler tantrums, divorcing parents, child abuse intervention), and as part of a coordinated set of services or as a resource for life-long learning. Importantly, parent education classes may serve as an initial gateway for parents to become more involved in the life of their developing child and more connected to other products and services that can also support their efforts. Clearly, we are at a time where conventional family supports have substantially decreased. As social and economic pressures build, the modern family's need for parent education will only increase (Clarke-Stewart, 1978; Long, 1997; Pew Trusts, 1996).

III. Evaluation of Existing Systems/Programs

Parent education programs have increased over the past decades and are distinguished by different philosophical orientations, methods of delivery and goals and objectives (Gorman & Balter, 1997). An important policy problem exists in that parent education programs tend to be fragmented, with different organizations offering different types of programs and little to no coordination among providers. Although research suggests that there is a cost-benefit attributable to comprehensive parent focused interventions relative to crime prevention (Greenwood et al., 1996), the cost-effectiveness of parent education may need to be more clearly established (Long, 1997) in order to earn significant new support from the public and private sector.

At both the state and national levels, a number of new parent education and support initiatives have been launched by the private sector. These initiatives utilize systematic parent education classes as an important component. Examples are the NuParent Program developed by the Children's Bureau of Southern California, Positive Parenting sponsored by the Children's Welfare League of America and underwritten by The Prudential Foundation, and Healthy Steps, coordinated by the Commonwealth Fund. Because these three programs are new, evaluation information is not yet available. Healthy Steps is currently undergoing a comprehensive evaluation (see Guyer et al., 2000).

Positive Parenting

The Child Welfare League of America, with a grant from the Prudential Foundation, has developed a parent curriculum called Positive Parenting: Teaching Parents of Young Children. Positive Parenting consists of 12 individual sessions that can either be expanded or contracted contingent upon local needs. The curriculum primarily uses a group discussion format to address topics such as discipline, play, ages and stages, and self-esteem. The Child Welfare League has distributed free-of-charge curriculum materials to early childhood programs nationwide. The Child Welfare League has also sponsored a series of "Train -the-Trainer" seminars to disseminate the program. Because the program is relatively new, no systematic evaluation data are available.

For more information, see: www.cwla.org.

BEST COPY AVAILABLE

NuParent

Developed in 1997 by the Children' s Bureau of Southern California, NuParent is based on the premise that all parents can benefit from parent education, not just families considered at-risk for future problems. The Children' s Bureau has developed a network of self-sustaining parent education sites in Los Angeles and Orange counties. By developing partnerships with other providers, NuParent' s goal is to have 75 program sites by 2002 and national program sites by 2003. Currently, NuParent is taking place in a variety of settings, including hospitals, health clinics, WIC programs (Women, Infant and Children), child care centers, YMCAs and adult education settings.

The curriculum has built upon the gaps in existing parent education program models by stressing:

- Program comprehensiveness – addresses the diverse skills needed by parents; most current programs focus on single issues such as discipline or communication
- Different curriculum adaptations for specific age groups such as infants, toddlers, and preschoolers
- A standardized curriculum to enable systematic evaluation
- A multi-faceted model that utilizes a variety of instructional modalities

The NuParent Program emphasizes parent development as a vehicle for personal growth in learning. The supporting philosophy is that parent education classes provide a stimulus for further parental awareness of the importance of effective parent-child interaction across the lifespan.

The NuParent Program consists of six 2-hour sessions geared for a specific age level. Each session contains a joint parent/child activity, child development information and is facilitated to provide parental support. The parent leader regularly shares a community resource to assist in the development of ongoing social support. Topics are identified for each age group and a certain amount of program adaptation is allowed to meet the needs of specific target audiences.

For more information about NuParent, contact: (800) 520-CHILD

BEST COPY AVAILABLE

Healthy Steps

The Healthy Steps for Young Children Program is a national initiative linking health care professionals to early childhood development concerns. Specifically, Healthy Steps uses pediatric health care practice as a platform for parent education and support. Medical settings are viewed as initial entry points for services focused on the needs of new parents. Healthy Steps specialists, trained in child development, are attached to the pediatric practice to enhance development across the physical, emotional and intellectual domains of childhood.

Healthy Steps services include home visits, a child development telephone information line, child development and family health checkups, written information, parent groups and links to community resources. Meetings of parent groups are held at convenient times for busy parents at office sites or in collaboration with local parenting groups. The parent groups offer both social support and interactive learning sessions focused on specific topics such as infant massage or CPR. Topics are derived from parental suggestions. Healthy Steps recommends at least one parent group meeting per month.

A 15-site broad-based evaluation of Healthy Steps is currently under way (Guyer et al., 2000). The outcome evaluation will assess the program' s effectiveness on parents, children and providers, a process evaluation will document the implementation procedures, and a cost-effectiveness evaluation will analyze program costs relative to health service utilization.

For more information, see: www.healthysteps.org

In addition to these private-sector parent education and support initiatives, there are a number of programs developed by different states to address the needs of parents for support services. Many of these programs have been developed to meet the needs of parents as determined by localities and, as such, may not be easily generalizable to the state of California with its diverse population. Some parenting services use a website as a means of coordinating services across various providers and supply both parents and other interested parties with pertinent information about parenting services. States with websites include: Arkansas, Delaware, Illnois and Texas (see resource list for web addresses). The range of services offered through websites varies from parenting tips, FAQs, chat rooms, message boards, email hot-line, available parenting services and other relevant resources.

Some examples of state-sponsored family support initiatives that include parent education are Minnesota' s Universal Access Early Childhood and Family Education Program and North Carolina' s Smart Start Program. Relevant to the state of California, Ventura County' s Proposition 10 Commission is developing the Neighborhoods for Learning concept that encourages local neighborhoods and communities to shape the nature of services for children and families.

Early Childhood Family Education Program

Early Childhood Family Education (ECFE) is a voluntary public school program open to all families in the state of Minnesota with children from birth to kindergarten. ECFE's goal is to strengthen families by enhancing parental skills in the provision of healthy environments. Started in 1974, it is the largest and oldest program in the country and has been cited as a national model for parent education and family support. The program provides different types and intensities of service to meet unique family needs; families *choose* appropriate services. Each of the public school programs is overseen by local parents.

Participating parents typically attend once a week for two hours. Programs include: (1) parent discussion groups, (2) guided play and learning time for children, and (3) planned activities for the home. Home visits, health and developmental screenings, information on community resources, special events and libraries of books and toys are also used.

Through state legislation, the office of Community Education oversees a statewide funding formula that provides guaranteed equalized revenue based on a school district's under age 5 population. In 1997 the legislature increased the base funding to $111.25 per 0-4 population for 1997-98 and $113.50 for 1998-99. Any Minnesota school district that provides a community education program may levy for aid for Early Childhood Family Education. Individual school districts also provide in-kind services and supplement funding through private dollars. Approximately 45% of Minnesota's children, or 311,000 children and parents, participated in ECFE. Employed parents constitute over 60% of all participants. More recently, ECFE funding has been targeting specialized programming for parents with infants. A 1996 evaluation (Mueller, 1996) suggests that parents demonstrate greater knowledge of child development and parenting skills as a result of the program.

For more information contact: Minnesota Department of Children, Families and Learning (651) 582-8402 or 582-8200; http://cfl.state.mn.us/ecfi

BEST COPY AVAILABLE

Smart Start

Smart Start is a comprehensive public-private partnership to assist all of the children in North Carolina to begin school ready to learn. Smart Start provides children under age 6 with access to high-quality and affordable child care, health care and other family support services. New parents are informed about Smart Start services by a letter from the governor and his wife. The intent is to reach parents as soon after birth as possible. Smart Start services relevant to parent support include child care and referral, family support centers, literacy programs, transportation and parent education. Depending upon local priorities, parent education as a stand-alone class may or may be included.

Funding of Smart Start sites is provided by the North Carolina Partnership for Children (NCPC), a non-profit agency which administers the program and helps with program development and implementation. NCPC receives funding from both the state and non-profit entities. There is a 10-to-1 dollar ratio match between state and non-state funding. At the county level, partnership sites seek support from local businesses, community charities and local tax dollars.

For more information, contact: North Carolina Partnership for Children (919) 821-7999; www.smartstart-nc.org

Neighborhoods for Learning

The idea for Neighborhoods for Learning is drawn from E. L. Boyer' s book *Ready to Learn*. Boyer identified important components of neighborhoods that enhance family functioning. The Ventura County Proposition 10 Commission has taken this notion and has identified a number of vital elements as part of the Neighborhood for Learning.

- High-quality preschool
- Outreach/mobile units to improve access to parents and families
- Parent resources, including support, education and assistance in linking to services
- Paraprofessional parent advocates/mentors
- Home visitation for early child assessment
- On-site health clinics for immunizations, screening, health education and referral
- Tobacco, drug and violence prevention
- Tobacco cessation programs

Neighborhoods for Learning is viewed as a bottom-up approach where localities identify priorities and are expected to coordinate identified need with existing services. Ventura County' s Proposition 10 commission sees high-quality parent education as an important strategy to enhance child development. The commission notes that during countywide hearings, parents reported wanting more information and education and especially desirous of services that are accessible and considerate of demands on their time. Presently, the commission is developing a request for proposals to advance the Neighborhood for Learning concept.

For more information, see: www.vcchildren.org

Inefficiencies and Gaps in Services

From the perspective of the parent, the two most significant gaps that hinder a dramatic expansion of parent education in California are the lack of marketing to promote the value of such programs and the lack of program availability. Today' s parents are extremely busy and overburdened. For programs to be effective, they must be attractively marketed and accessible. Successful programs must hold classes or meetings in nearby locations at convenient times so as to respond to the limited time of busy parents.

Additionally, programs must be tailored to meet the needs of a California population that is increasingly diverse in culture and language. Unfortunately, empirical evidence about parent-child relations in ethnic minority populations is limited, affecting the development of culturally responsive practices for programs. Although there is general agreement about the importance of culturally sensitive services (Chang & Sakai, 1993; Hong, Garcia & Soriano, 2000), its application to programs is not well developed (Chang & Pulido Tobiassen, 2000).

Further, funding for parenting education for low-income populations has often been focused on at-risk parents. Parent education as primarily a concern for at-risk populations has stigmatized the activity in the minds of some and may be a deterrent to broad-based participation. This is in sharp contrast to Minnesota, where early childhood family education has been popularized for almost two decades. There, approximately 45% of all children entering kindergarten and their parents have participated in parenting education programs. Parents from all segments of California' s social strata need to become aware of the benefits to them and their children of such programs. Moreover, as the significance of fatherhood is gaining prominence (e.g., the National Fatherhood Initiative, The National Latino and Family Institute), programs directed to include fathers as well as mothers merit consideration.

National Fatherhood Initiative

The National Fatherhood Initiative was started in 1994 by Dr. Wade Horn, former United States Commissioner for Children, Youth and Families. The purpose of the organization is to improve the well-being of children by increasing the number of children growing up with loving, committed and responsible fathers. The National Fatherhood Initiative conducts public awareness campaigns, organizes conferences, provides resource materials, publishes a newsletter and disseminates material on fathering.

For more information, see: www.fatherhood.org

National Latino Fatherhood Institute

The mission of the National Latino Fatherhood Institute, located in Los Angeles, California, is to encourage Latino males to become actively involved in the nurturing, guiding and education of their children and others in their communities. Through workshops, parenting classes, counseling, tutoring and job training, the institute helps different generations of men cope with the challenges of fatherhood. The organization addresses a wide-range of issues, including child abuse, domestic violence, gang violence, problems in school, illiteracy and teen pregnancy.

For more information see: www.nlffi.org

BEST COPY AVAILABLE

Parenting education curricula are too often restricted to meeting the requirements of funding streams and the organizational missions of those who host such programs rather than to meeting the needs of parents. Since great effort has gone into engaging parents to participate in a class, much opportunity to respond to the parent is lost when the class material is narrowly defined. Often specific content and classes on nutrition, health, safety, child development, discipline, parent-child bonding and marital relationships is compartmentalized by funding streams. For example, WIC is highly successful at engaging parents with children from newborn through age five, but it is funded only to instruct parents on topics related to nutrition.

Another potential barrier for California parents is the fact that parent education topics are addressed in so many venues. Thus, parents can be confused about where to turn for information. They may be unable to identify a trusted place where they can return time and time again to meet their parenting needs for information and support throughout their child' s early years (birth through age five). Such a trusted place would serve the invaluable function of promoting the positive value of parenting education. Unfortunately, parents currently do not visit pediatricians and hospitals on a frequent enough basis after the first year of their child' s life for them to be the only source of educational support through the early years. The relationship with the doctor is increasingly compromised through managed health care programs. Healthy Steps, cited earlier in this report, represents a needed and creative solution to strengthening the response of the medical community to meet the needs of parents. Another example of the need for a trusted arena is that of child care. Many parents have a relationship with their child care provider, but the majority of these providers do not provide parenting education nor do they serve as a strong referral link to outside educational organizations. California stands in contrast to Minnesota, where almost every elementary school district in the state is identified for parents of infants, toddlers and preschoolers as the resource for local early childhood family education programs.

The current manner in which curricula are developed, while responsive to local needs and cultural concerns, is also very inefficient. Most agencies develop their own programs to meet specific needs of diverse communities or populations they wish to serve. Although this may be commendable, much effort is spent "reinventing the wheel." Furthermore, there is no accreditation body to certify either curriculum or training programs for parent educators. There is also no state or local master plan or coordinating body for parent education.

From a policy perspective, the apparent lack of measurable outcomes presents serious problems for assessing the success of parent education programs. The idiosyncratic and ad hoc nature of parenting support initiatives that take place in multiple settings with variable depth and breadth of programming makes the resolution of this issue a powerful challenge.

IV. Integrating Parenting Education into Systems

For parenting education to thrive, it requires that we identify and/or build a common platform to successfully engage and support parents. To meet parents' needs for information and support, what is needed is a local, trusted institution with which parents can have an ongoing relationship and turn to over time. We must build family/parent resource centers for parents of young children in local communities. Such centers will be most effective if they are built in organizations and locations which parents already

frequent for activities/services and have the potential to serve a continuous stream of new families (see Waddell, Shannon & Durr, 2001, in press). The options below serve as a menu from which Proposition 10 commissions and the communities they serve can build upon existing resources.

Option A: Identify and fund elementary school districts to take the lead in family/parent resource centers

In order to fully leverage the potential impact of parenting education and family support, each Proposition 10 County Commission should identify and fund elementary school districts to serve as the lead agency in creating local family/parent resource centers. Parenting education classes can therefore be offered in such centers. Many elementary schools serve as a fundamental resource for the parent during the child' s elementary years, and more are interested in playing a greater role in promoting school-readiness. The child' s readiness for school is of preeminent importance to both the parents and school. The school is in a strategic position to understand and be responsive to the diverse needs of its neighborhood families and should take the lead in facilitating the establishment of the family/parent resource center for the child' s early years. The elementary school may choose to subcontract with community-based institutions to be the family/parent resource center if the school is unable to locate the program on its campus. Because elementary school educators may not be qualified to deal with parent education services, local sites may want to collaborate with community colleges or university personnel with appropriate expertise. Special effort must also be made to integrate the birth hospital and/or medical community into the school' s family resource center by inclusion of a model such as Healthy Steps for Young Children. Existing models for this type of system include Schools of the 21st Century (Finn-Stevenson & Zigler, 1999) and the Elizabeth Street Learning Center.

Is parent education an important part of school readiness?

Although what constitutes school-readiness is not well defined (Kagan & Neuman, 1997), the role of parents prior to formal schooling is viewed as absolutely vital to children's development (Shonkoff & Phillips, 2000). Over the life course, parents are the first and most consequential influence on a child's learning and development (Carnegie Corporation, 1996). A young child's future clearly rests on their parents' ability to support all developmental aspects: physical, socio-emotional and cognitive. If parent education classes can assist parents in their nurturing role, then the connection between school-readiness and parent education is evident and merits serious consideration in early childhood programs. There is, however, one notable caveat. The often referenced proposition that parents are the first teachers of their children is generally acceptable within the context of early development. Yet the role of parents as teachers of school-related skills varies in different family cultures. Given California's diverse population, the role of parents as teachers of their own children may not be congruent with varying cultural values and perceptions of parenting (Greenfield, Quiroz, & Raeff, 2000). Thus, any parent education program needs to understand the value orientation of participants and utilize an approach that is sensitive to parental perceptions about ' teaching' young children.

At various points in this report, the need that parents have for information and support has been underscored. Parent education classes that focus on the connection between socialization practices in the home and children's success in school directly target the question of school-readiness. Classes for parents can be integrated into broader school-readiness programs where parents are seen as partners to enhance early development and learning (see Powell, 1995, for a thorough discussion of points of compatibility between school and parental practice).

BEST COPY AVAILABLE

Elizabeth Street Learning Center

Elizabeth Street Learning Center is a preschool through 12th public school campus that provides an array of educational and social services through a wide variety of funding streams. Because Elizabeth Street is part of the Los Angeles Unified School District, it is able to utilize Adult Education funding to provide a variety of classes ranging from basic ESL to computer literacy. The parenting classes use the state curriculum for parent education, which is delivered by a credentialed Adult Education teacher. Through a local Healthy Start program, parents may participate in leadership training.

For more information, see: www.eslc.k12.ca.us

Option B: Identify and fund community organizations that have strong access and are responsive to the unique needs of its parents

Each community has unique circumstances that favor the evolution of certain existing institutions into the family/parent resource center. Proposition 10 county commissions could seek to have organizations apply in given communities/neighborhoods to qualify as the prop 10 lead agency in forming a family/parent resource center. One of the most significant criteria would be the center' s capacity for ongoing and future engagement of new families. Examples of institutions that might successfully qualify: faith communities, WIC, pre-natal/pediatric health clinics, Healthy Start school-based centers, child care centers, child care resource and referral networks, family day care provider networks, Head Start programs, elementary schools, and birth hospitals. Such organizations should demonstrate their ability to be culturally and linguistically responsive to the families whom they will serve.

Option C: Harness adult education and community college parenting programs

Parenting education programs funded through the State Department of Education' s adult education programs should be harnessed to allow for maximum leveraging of this opportunity to better serve parents of young children. These programs provide over $18 million in resources for parenting classes and already have access to large numbers of parents. These monies could be used more effectively if supplemental funding could be provided to assist with child care and transportation costs. Presently, funding is restricted to the provision of classroom instruction for parents.

Option D: Build comprehensive curricula using existing parent education providers

Parenting education is currently part of the work of many organizations. However, as previously mentioned, the curriculum development and content may be determined by funding limitations. Organizations that demonstrate the capacity to engage large groups of parents, now and in the future, could be funded to supplement and deliver an expanded curriculum, so that they can be more responsive to parents' needs for comprehensiveness. Organizations providing parenting classes on narrow themes (e.g., WIC' s nutrition classes) could apply for Proposition 10 funding that would enable them to broaden the comprehensiveness of topics addressed in their classes/groups. Organizations that continuously engage large groups of new families should be given the highest priority for funding.

Organizations that demonstrate a capacity to continuously engage large numbers of families (e.g., birth hospitals, WIC) could be given money to purchase parenting education curriculum and training developed for commercial use and/or franchising. Also, these organizations could purchase a special curriculum (e.g., Positive Parenting through the Child Welfare League of America) designed to help

BEST COPY AVAILABLE

organizations tailor modules, as they see appropriate, to the needs of their constituency. This would reduce the inefficiency of each organization independently building its own curriculum from scratch.

Option E: Increase the number of credentialed teachers for adult education

Adult education teachers must be certified by the state, and the expense of maintaining certification is borne by the individual. The cost of maintaining teacher certification, combined with the limited number of parent education courses funded, acts as a disincentive for parent educators. If adult education programs could certify existing qualified teachers in community-based settings where the parents currently participate, this would allow adult education resources to more quickly spread throughout effective community-based organizations that have demonstrated the capacity to engage current and future parents of young children. For example, nurses with experience in parenting education could be certified by school districts to teach parents of newborns and have adult education funding pay for the courses at the hospital. Funding might also be provided to credential more parent education teachers, who can then be qualified to draw down adult education funds from the state. Proposition 10 funds might assist with the reimbursement of training and certification if there is a high probability that applicants will be able to teach parent education classes extensively in the community to large numbers of parents.

The viability of Minnesota' s approach to licensing of parent educators should be explored. Since 1984, Minnesota has licensed parent educators to work in its Early Childhood Family Education program. The program' s increasing demands for high standards provides a model for the country.

Minnesota' s Innovative Licensing of Family Educators

Minnesota' s State Board of Teaching has adopted regulations for the licensing of teacher of parent and family education that go into effect in September 2001. Seventeen colleges and universities agreed on the core content of licensure requirements. They include the following:

1. Must hold a baccalaureate degree.
2. Must complete a Board of Teaching preparation program offered through college and university coursework. Such courses may be taken as electives towards various B.A. degree programs.
3. Coursework must include the following four areas: (1) family development, (2) parent-child relationships, (3) child development, and (4) adult development, including adult learning styles and use of appropriate instructional strategies.

For more information, please contact: Betty Cooke or Lois Engstrom (lois.engstrom@state.mn.us), Minnesota Department of Children, Families and Learning at (651) 582-8345.

Option F: Develop a telephone and Internet directory of parenting programs

Development of resource directories are essential to inform both parents and service organizations of the availability of parenting classes in their community. Preferably, the development of a directory should be state-based and support all residents. Zip code, age range, theme of the class, and language spoken should be made available through such a system. (This system could in the future also help with mapping the availability of resources.) The directory system should be telephone and Internet-based.

Organizations that deliver parenting education programs and wish to promote their classes could utilize this central registry/directory.

Option G: Dramatically increase marketing of parent education

Segmented marketing campaigns must be funded that are specifically designed to reach each of the major segments of California's diverse population of parents. This is a vital key to getting parents to participate in parent education classes. County Proposition 10 commissions must press the State Commission to make parenting education a focus of statewide marketing efforts. Such efforts would of course include outdoor advertising, radio, and TV. Additionally, the State Commission must also take on the task of gaining the cooperation of the corporate community that sells products to parents of young children. These corporations could donate promotional messages (e.g., on diaper packaging) related to the value of parenting education. The cooperation of companies would need to be harnessed on a large geographical scale, like California, or large regions of the state, in order to utilize national companies whose marketing is regionally managed.

Programs that engage significant numbers of parents, like WIC, child care family development networks, Head Start, the faith community, and child care referral networks, should be harnessed by Proposition 10 as marketing partners to encourage parents to take advantage of parenting education classes.

Option H: Engage the medical community in offering and promoting parenting education

The medical community is highly respected by parents and therefore in a prime position to promote the value of parenting education. A continuing education credit program for pediatricians, obstetricians, family practitioners, and nurses could be developed to better inform the medical establishment about the state of parenting education programs for the early years. Such presentations would also address the medical practitioner's role in promoting parenting education programs. Proposition 10 could fund an organization to conduct this continuing education credit series. Information from the Commonwealth Fund regarding parent perceptions of the medical practitioner and the parent's hunger for knowledge about parenting would be valuable to include. The role of the medical community as a provider of parenting education has a long tradition, and parents are eager to learn from medical providers. Healthy Steps, for example, is a model of how the medical community might support parents of young children with parenting services. This approach may have some potential for broad outreach since there is a natural link between child development and the medical community.

Option I: Provide technical assistance for the development of Family/Parent Centers

Since the Family/Parent Resource Center (located in a school or community setting) is seen as an important new platform to engage families in parenting education, such centers will require technical assistance (Halfon, Gonzalez & Hochstein, 1999). The California State Office of Child Abuse Prevention currently funds three training centers in the state to support organizations that are developing family resource centers. These training centers could be engaged to train and support emerging family resource centers to better serve parents of young children.

V. Integrating and Coordinating Funding

Leveraging State Adult Education Funding

The most established and sizeable untapped potential source of funding for parent education is through the State Department of Education and the Division of California Community Colleges. Both of these entities have the charge of providing adult education that includes parent education. As early as 1925, the California State Department of Education began to support parent education. To this day, the State Department of Education funds adult education programs in high school districts. Parent education is one of the 10 designated subject areas funded. (Other areas include English for non-English speakers, citizenship, home economics, health and safety, basic elementary school subjects and vocational training.) There is over $500 million available annually through the State Department of Education. However, as much as $10 million is not fully utilized. Because local adult education programs are reimbursed based on daily attendance, the subjects offered tend to be those subjects that have the most potential for full enrollment. Presently, only 3% of the funds are actually used for parent education (L. Bartlet, personal communication, October 30, 2000).

A similar opportunity to fund parent education exists through the State' s Community College system in which parent education courses are funded through adult education programs. $150 million is available for non-credit adult education courses via the Community Colleges, but only 2% are used for parent education (N. Morris, personal communication, November 8, 2000). A significant limitation of both of these funding streams is lack of funding for child care or child participation in the class with the parent. Also, funding does not pay for transportation, which in some communities is an important ancillary service for low-income family participation. Adult education classes typically require a minimum of 25 adult participants in order for the state' s financial compensation to be sufficient to recoup the costs of conducting the program. A class size of 25 is typically too large for parents to experience intimate sharing of information in groups and personal support. Given the context of parent education instruction, it is easy to see why these potential resources are directed to other subject areas that produce higher reimbursement rates.

Several solutions are needed in order to better leverage the State' s commitment of resources for parent education. Ultimately, such solutions need to provide an incentive for local adult education programs to offer better and more effective parenting classes. A possible strategy would be to create a legislative change that would allow the child to be counted for state reimbursement *if the child were involved with the parent as part of the instructional program*. (Such legislation, sponsored by Assemblywoman Ducheny, was recently defeated.) Proposition 10 funding could also be used to supplement adult education programs to enable them to operate at a minimum class size of 12 adults. Additionally, Proposition 10 funding could be used by adult education providers to pay for the unfunded costs of child care and transportation services. Finally, as noted under Option E, Proposition 10 funds might assist with the reimbursement of training and certification if there is a high probability that applicants will be able to teach parent education classes extensively in the community to large numbers of parents.

Leveraging Medi-Cal and Healthy Families Funding for Parents of Newborns

Another major untapped funding stream supporting services for eligible families are the Medicaid (Medi-Cal) and SCHIP (Healthy Families) insurance programs. Several other states already use funds

from these programs to pay for parenting classes for expecting and new parents. These health care finance programs could provide for services such as parent education as well as a home visit within the first 90 days following the birth of the newborn, potentially packaged as a well-baby visit and mini-parenting class program. In other states, Medicaid has specified that childbirth classes or parent education are covered benefits. The California State Department of Health Services could move in this direction and could even include a provision of parent education in their managed care contract and part of their accountability reimbursement systems.

Engaging HMOs

If the value of parenting education can be shown as both a marketing tool and health prevention program, e.g., increased immunization rates, then it is possible that parenting classes could be covered by medical insurance plans. The evaluation of Healthy Steps will be instructive in this area.

Leveraging Social Service, Education, Child Care, and Faith Community Settings

Many settings currently offer parenting education classes in narrow subject areas as a result of unique funding constraints. Since a great cost of parenting education is involved in the actual recruitment efforts to engage a parent to participate, it would be cost-effective to piggyback on existing parenting programs with supplemental funding. Careful effort would need to be made to select only organizations that had capacity for serving large numbers of families and not supplant existing funding commitments. Key targets for such efforts could be WIC program sites because of their high market penetration for families with incomes less than 200% of the federal poverty level.

VI. Recommendations

Build a shared commitment.

- Every parent must recognize the need, responsibility and opportunity to prepare himself or herself to be the best parent they can be for their child.
- Community institutions must recognize the responsibility, duty and capacity to engage in supporting the development of healthy parents.

Build a common platform to engage and support parents in parent education.

- Identify and support community-based institutions with which parents of young children can develop trusting relationships through their child' s early years. Nest parenting education in these programs.

Attend to the marketing and engagement process.

- Implement statewide, non-stigmatized marketing efforts that will promote the value of parenting education. They should be strategically developed to reach groups in all socioeconomic levels as well as all language-minority segments of California society.
- Build and publicize a state web-based system that links parents and organizations to valuable parenting information, including the availability of parenting classes in their location.

Develop a set of measurable indicators for the assessment of parent education.

- Investigate the utility of adapting existing criteria for early childhood initiatives that relate to parents (e.g., Early Head Start Standards; NAEYC Accreditation Standards).
- Because the empirical evidence that informs parent education is limited, a strong research and evaluation component should accompany program initiatives, so that outcomes can be documented, and so their targeted quality improvement effort can be monitored.

Reduce inefficiencies, build upon existing efforts.

- Fully leverage existing funding for adult education to support parenting classes.
- Supplement the existing parenting education programs of organizations that have demonstrated the ability to attract families both now and in the future.
- Help organizations that have demonstrated success in reaching large numbers of young families build or purchase parenting programs.
- Create an inventory of parenting education classes available by community; explore the possibly of a statewide website.
- Strive to ensure access to parenting programs where resources are limited.

VII. References

Alvy, K. (1994). Parent training today: A social necessity. Studio City, CA: Center for the Improvement of Child Caring.

Barnard, K. E., & Martell, L. K. (1995). Mothering. In M. H. Bornstein (Ed.), Handbook of Parenting Vol. 3 (pp.3-26). New Jersey: LEA.

Belsky, J. (1984). The determinants of parenting: A process model. Child Development, 55, 83-96.

Blair, C., Ramey, C. T., & Hardin, M. (1995). Early intervention for low birth weight premature infants: Participation and intellectual development. American Journal of Mental Retardation, 99, 542-554.

Blaisure, K. R., & Geasler, M. J. (1996). Results of a survey of court-connected parent education programs in U.S. counties. Family and Conciliation Courts Review, 34, 23-40.

Brown, M. B. (1999). Recommended practices: Parent education and support. Retrieved June 6, 2000 from the World Wide Web: http://bluehen.ags.udel.edu/strength/best/crp-part1.html

Carnegie Corporation (1996). Years of promise: A comprehensive learning strategy for America's children. New York: Author.

Chang, H. N., & Sakai, L. (1993). Affirming children' s roots. San Francisco: California Tomorrow.

Chang, H. & Pulido Tobiassen, D., *Nurturing Healthy Children in a Diverse Society: The Implications of Racial, Cultural and Linguistic Diversity for Proposition 10*, in N Halfon, E Shulman, M Shannon and M Hochstein, eds., Building Community Systems for Young Children, UCLA Center for Healthier Children, Families and Communities, 2000.

Chilman, M. (1973). Programs for disadvantaged parents. In B. M. Caldwell & H. N. Ricciuti (Eds.), Review of Child Development Research Vol. 3 (pp. 403-465). Chicago: University of Chicago Press.

Clarke-Stewart. K. A. (1978). Popular primers for parents. American Psychologist, 33, 359-369.

Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000). Contemporary research on parenting: The case for nature and nurture. American Psychologist, 55(2), 218-232.

Comer, E. W., & Fraser, M. W. (1998). Evaluation of six family-support programs: Are they effective? Family in Society: The Journal of Contemporary Human Services, 79, 134-148.

Commonwealth Fund. (1996). The Commonwealth Fund survey of parents with young children. New Jersey: Princeton Survey Research Associates.

Cowan, P. A., Powell, D., & Cowan, C. P. (1998). Parenting interventions: A family systems perspective. In I. E. Sigel & K. A. Renninger (Eds.), Handbook of Child Psychology, Vol. 4 (pp. 3-72). New York: Wiley.

Dembo, M., Sweitzer, M., & Lauritzen, P. (1985). An evaluation of group parent education: Behavioral, PET, and Alderian programs. Review of Educational Research, 55, 155-200.

De Vries, R., & Kohlberg, L. (1990). Constructivist early education: Overview and comparison with other programs. Washington, DC: NAEYC.

Fine, M. J. (1980). The parent education movement: An introduction. In M. J. Fine (Ed.), Handbook on Parent Education (pp. 3-26). New York: Academic Press.

Finn-Stevenson, M. & Zigler, E. (1999). Schools of the 21st century: Linking child care and education. Boulder, CO: Westview.

Garcia Coll, C., Meyer, E. C., & Brillon, L. (1995). Ethnic and minority parenting. In M. J. Fine (Ed.), Handbook on Parent Education (pp. 189-209). New York: Academic Press.

Gorman, J. C., & Balter, L. (1997). Culturally sensitive parent education: A critical review of quantitative research. Review of Educational Research, 67, 339-369.

Greenfield. P. M., Quiroz, B., & Raeff, C. (2000). Cross-cultural conflict and harmony in the social construction of the child. New Directions for Child and Adolescent Development, No. 87, New York: Jossey-Bass.

Greenwood, P. W., Model, K.E., Rydell, C. P. & Chiesa, J. (1996) Diverting children from a life of crime: Measuring costs and benefits. Santa Monica, CA: Rand.

Guyer, B., Hughart, N., Strobino, D., Jones, A. & Scharfstein, D. (2000). Assessing the impact of pediatric-based developmental services on infants, families and clinicians: Challenges to evaluating the Healthy Steps Program. Pediatrics, 105, 33-39.

Halfon, N., Gonzalez, R. & Hochstein, M. (1999). Building bridges for California' s young children: a 12-point agenda to enhance Proposition 10. Berkeley, CA: California Policy Research Center. Los Angeles, CA: UCLA Center for Healthier Children, Families and Communities.

Hauser-Cram, P., Pierson, D. E., Walker, D. K. & Tivan, T. (1991). Early education in the public schools. San Francisco: Jossey-Bass.

Hoff-Ginsberg, E. & Tardif, T. (1995). Socioeconomic status and parenting. In M. H. Bornstein, (Ed.), Handbook of Parenting Vol. 2 (pp.161-188). New York: LEA.

Hong, G. K., Garcia, M. & Soriano, M. (2000). Responding to the challenge: Preparing mental health professionals for the new millennium. In I. Cuellar & F. A. Paniagua (Eds.), Handbook of multicultural mental health (pp. 455-476). NY: Academic Press.

Howrigan, G. A. (1988). Evaluating parent-child interaction outcomes of family support and education programs. In H. B. Weiss & F. H. Jacobs (Eds.), Evaluating family programs (pp. 95-130). New York: Aldine de Gruyter.

Infant Health and Development Program. (1990). Enhancing the outcomes of low-birth-weight, premature infants. Journal of the American Medical Association, 263, 3035-3042.

Kagan, S. L., & Neuman, M. J. (1997). Defining and implementing school readiness: Challenges for families, early care and education, and schools. In R. P. Weissberg, T. P. Gullotta, R.L. Hampton, B. A. Ryan, & G. R. Adams (Eds.), Establishing preventive services (pp.61-96). Thousand Oaks, CA: Sage.

Long, N. (1997). Parent education/training in the USA: Current status and future trends. Clinical Child Psychology and Psychiatry, 2, 501-515.

Mahoney, G., Kaiser, A., Girolametto, L., MacDonald, J., Robinson, C., Safford, P. & Spiker, D. (1999). Parent education in early intervention: A call for a renewed focus. Topics in Early Childhood Special Education, 19, 131-140.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lesson from research on successful children. American Psychologist, 53, 205-220.

Medway, F. J. (1989). Measuring the effectiveness of parent education. In M. J. Fine (Ed.), The second handbook of parent education: Contemporary perspectives (pp. 237-255). New York: Academic Press.

Mueller, M. R. (April, 1996). Immediate outcomes of lower-income participants in Minnesota' s Universal Access Early Childhood Family Education. St. Paul, Minn: Family Education Resources of Minnesota, Minnesota Department of Children, Families and Learning.

Olds, D. L., Henderson, C. R., Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. Pediatrics, 78, 65-78.

Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. The Future of Children, 3, 53-92.

Owen, M. T., & Mulvihill, B. A. (1994). Benefits of a parent education and support program in the first three years. Family Relations, 43, 206-212.

Pew Trusts. (1996). See how we grow: A report on the status of parenting education in the U.S. http://www.pewtrusts.com/pubs/Misc/grow/grow0001.cfm.

Pisterman, S., Firestone, P., Mc Grath, P., Goodman, J. T., Webster, I., Mallory, R., & Goffin, B. (1992). The role of parent training in treatment of preschoolers with ADDH. American Journal of Orthopsychiatry, 62, 397-408.

Popkin, M. H. (1989). Active Parenting: A video-based program. In M. J. Fine (Ed.), The second handbook on parent education: Contemporary perspectives, (pp.77-98). New York: Academic Press.

Powell, D. R. (1988a). Emerging directions in parent-child early intervention. In D. R. Powell (Ed.), Parent education as early childhood intervention: Emerging directions in theory, research and practice (pp. 1-22). New Jersey: Ablex.

Powell, D. R. (1988b). Challenges in the design and evaluation of parent-child intervention programs. In D. R. Powell (Ed.), Parent education as early childhood intervention: Emerging directions in theory, research and practice (pp. 229-237). New Jersey: Ablex.

Powell, D. R. (1995). Enabling young children to succeed in school. Washington, DC: American Educational Research Association.

Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. American Psychologist, 53, 109-120.

Rinn, R. C., Vernon, J. C., & Wise, M. J. (1975). Training parents of behavioral disordered children in groups: A three years' program evaluation. Behavior Therapy, 6, 378-387.

Shonkoff, J.P. & Phillips, D.A., Eds. From Neurons to Neighborhoods: The Science of Early Child Development, Washington, D.C.: National Academy Press, 2000.

Shore, R. (1997). Rethinking the brain: New insights into early development. New York: Families and Work Institute.

Thomas, R. (1996). Reflective dialogue parent education design: Focus on parent development. Family Relations, 45, 189-201.

Todres, R., & Bunston, T. (1993). Parent education program evaluation: A review of the literature. Canadian Journal of Community Mental Health, 12, 225-257.

Tolan, P. H. & Mc Kay, M. M. (1996). Preventing serious antisocial behavior in inner city children: An empirically based family intervention program. Family Relations, 45, 148-155.

BEST COPY AVAILABLE

Waddell, B., Shannon, M. & Durr, R. *Using Family Resource Centers to Support California's Young Children and Their Families*, in N. Halfon, E. Shulman and M. Hochstein, eds., Building Community Systems for Young Children, UCLA Center for Healthier Children, Families and Communities, in press.

Webster-Stratton, C. (1994). Advancing videotape parent training: A comparison study. Journal of Counseling and Clinical Psychology, 62, 583-593.

Webster-Stratton, C. (1998). Preventing conduct problems in Head Start Children: Strengthening parental competencies. Journal of Counseling and Clinical Psychology, 66, 715-730.

Weiss, H.B., & Jacobs, F. H. (1988). Evaluating family programs. New York: Aldine de Gruyter.

Weissbourd, B. (1994). The evolution of the family resource movement. In S. L., Kagan, & B. Weissbourd (Eds.), Putting families first: America's family support movement and the challenge of change (pp. 28-47). San Francisco: Jossey-Bass.

Young, K.T., Davis, K., Schoen, C., Parker, S. Listening to parents. A national survey of parents with young children. Arch Pediatr Adolesc Med. 1998;152(3)255-62

Zero to Three (1997). Nationwide survey among parents of zero to three year olds. Washington, DC: Zero to Three.

VIII. Appendix A: List of Related Informational Resources

The following is a selected list of resources. Although a number of Internet sites exclusively focus on parents, these sites are for both professionals and parents.

National Organizations and Experts

Center for Effective Parenting
Multi-site effort to improve parenting skills in Arkansas
www.parenting-ed.org

Civitas
A national nonprofit communication group focused on developing media to help parents and caregivers of young children
www.civitas.org

Delaware's Parent Education Partnership
www.ag.udel.edu

Family Support America
A national resource center about family support programs.
20 North Wacker Drive
Chicago, IL 60606
(312) 338-0900

I Am Your Child
A national public awareness campaign focused on early childhood development
www.iamyourchild.org

National Center for Early Development and Learning
Frank Porter Graham Child Development Center
University of North Carolina, Chapel Hill
Sponsors and disseminates information about early childhood interventions
www.ncedl.org

National Network of Family Resiliency
Overseen by the University of North Texas
Partners for Parenting
www.unt.edu/cpe

National Parenting Information Network
A project of the ERIC system to provide access to research-based information about the process of parenting and about family involvement in education
www.npin.org

Parents as Teachers National Center, Inc.
10176 Corporate Square Drive, Suite 230
St. Louis, Missouri 63132
(314) 432-4330
www.patn.org

Ready to Learn
Public Broadcasting Initiative to assist parents and caregivers in support of early development
www.pbskids.org

BEST COPY AVAILABLE

Step by Step: Parenting Birth to Two
Lori Grant
804 N. Woodland Blvd.
Deland, FL 32720
(904) 734-7571

University of Minnesota Extension Services
Listing of parenting education resources
www.parenting.umn.edu

Zero to Three
National organization focused on infants and families and those that work with them
www.zerotothree.org

California Organizations and Experts

Center for the Improvement of Child Caring
11331 Ventura Blvd., Suite 103
Studio City, CA 91604-3147
(818) 980-0903
www.ciccparenting.org

Janis Keyser
Early Childhood Education Department
Cabrillo College
6500 Soquel Drive
Aptos, CA 95003
www.becomingtheparent.com

Ethel Seiderman
Parent Services Project, Inc.
70 Belvedere St., Suite 101
San Rafael, CA 94901
(415) 454-1870
www.parentservicesproject.org

Jerry Tello
National Latino Fatherhood and Family Institute
5252 Beverly Blvd.
Los Angeles, CA 90022
(323) 728-7770
www.nlffi.org

Patty Wipfler
Parents Leadership Institute
P.O. Box 50492
Palo Alto, CA 94303
(650) 322-LEAD
www.parentleaders.org

IX. Appendix B: The Universe of Parent Education

Education Literacy Programs Life Skills Programs School-Linked Programs Parent Involvement Preschool/Child Care Head Start Readiness Programs	**Multiple and Complex Needs** Divorce and Separation Incarceration Teen Pregnancy/Parenting Abuse/Neglect Anti-violence Substance Abuse Family Preservation Foster Care Adoption	**Normative** Entertainment and Play Museums Recreation Sports Educational Classes Referral Libraries Newsletters/Magazines Electronic Media Safety Programs/Services Product Evaluation Religious Education	**Health Care** Hospitals HMOs Departments of Public Health Maternal and Child Health Agencies MD's and Health Care Professionals Private Health Agencies Perinatal Programs Women's Health Immunization Nutrition Childbirth Education Lactation Groups
Special Needs Disabilities Diseases Developmental Delays Special Education Occupational Therapy	**Work** Employee Assistance Support Services Educational Programs Training for Management Family Leave Child care Flextime Welfare to Work Programs Job Training G.E.D.	**Advocacy** Public Education Training and Empowerment Lobbying	**Research** Colleges and Universities Research Centers Authors and Individuals

X. Appendix C: Matrix of Stand-Alone Parent Education Programs for Parents of Children Birth to Age 5

TARGET GROUP	PROGRAM NAME	APPROACH/FOCUS	SITE	DURATION	OUTCOME
Parents of Infants to Preschoolers	The Nurturing Programs	Specifically designed for parents identified as at-risk for child abuse; focuses on the development of empathy; available in Spanish	Mental Health Clinics, Social Service Agencies Home-based	23 2.5-hour sessions (may vary)	No evaluation data available
Parents of Preschoolers	Systematic Training for Parent Effectiveness (STEP)	Utilizes the parent study group approach espoused by Rudolf Dreikurs; focus is on parental communication strategies to encourage positive child behavior and self-control; curriculum available in Spanish	Hospitals, Mental Health Clinics, Community Colleges, Social Service Agencies	8-12 2-hour sessions (may vary)	Assessment of effectiveness shows mixed results (Alvy, 1994)
Parents of Preschoolers	Parent Effectiveness Training (PET)	Based on Carl Roger' s client-centered approach; focuses on specific communication skills to enhance child' s self-esteem	Hospitals, Mental Health Clinics, Community Colleges, Social Service Agencies	8-12 2-hour sessions (may vary)	Assessment of effectiveness shows mixed results (Dembo et al., 1985)
Parents of Preschoolers	Confident Parenting	Instructs parents on behavioral techniques to improve parent-child communication; program adaptation included as part of the "Effective Black Parenting Program" and "Los Niños" Program for African-Americans and Latinos	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	8-12 2-hour sessions (often modified for particular audiences)	No systematic evaluation data available

TARGET GROUP	PROGRAM NAME	APPROACH/FOCUS	SITE	DURATION	OUTCOME
Parents of Preschoolers	ADVANCE PARTNERS (adapted from ADVANCE for use with Head Start populations)	Uses videotape modeling and a therapist-led discussion group to improve communication and problem-solving skills to reduce behavioral problems in children	Mental Health Settings, Head Start Centers	12-13 2-hour sessions for ADVANCE; 8-9 2-hour sessions for PARTNERS	Short-term, positive effects; parents improve in communication, problem-solving skills; improved child knowlege of prosocial behavavior (Webster-Stratton, 1994, 1998)
Parents of Preschoolers	Hugs n Kids Program	Uses videotape modeling and discussion groups led by parent educators to improve communication and problem-solving skills for improved parent-child relations; curriculum available in Spanish	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	9 2-hour sessions (may vary)	No systematic evaluation data available
Parents of Preschoolers	Active Parenting	Uses videotape presentations to illustrate and encourage proper use of various techniques; parent handbook and action guide are utilized (Popkin, 1989)	Mental Health Settings, Child Care Centers, Elementary Schools, Social Service Agencies	6 2-hour sessions	Self-report parent data indicates positive short-term results for parents and children (Popkin, 1989)
Parents of Preschoolers	Positive Parenting	Uses a discussion format that focuses on a variety of topics such as discipline, play, ages and stages, and self-esteem	Child Care Centers; Preschools	12 2-hour sessions (may vary)	Relatively new program; no systematic evaluation data available

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

☒ This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☐ This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

EFF-089 (3/2000)

ps030573